COMBINED DECLAR APPLICATION WITH				ATTORNEY'S DOCK PU4722USW First Names Inventor: Kenneth INGOL	
() Declaration submitted with initial () Declaration submitted after initial		required 37(FP1 16(a))		Complete if know App No.:	vn:
() Declaration submitted after finitial	mmig (surcharge i	equired 37CFK1.10(e))		Filing Date	
				Group Art Unit:	
As below named	d inventor. I here	by declare that:			
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
PROCESS FOR PREPARATION OF CHEMICAL COMPOUNDS the specification of which (check only one item below):					
[]is attached hereto. OR [x] was filed on 25 February 2003 as United States application Serial No. or PCT International					
Application Number PCT/US03/05723 filed and was amended on (MM/DD/YYYY)(if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					ms,
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY F	PRIORITY CLA	IMS UNDER 35 U.S.C			
Prior Foreign Application Number (s)	(Eountry	Foreign Filing Date (MM/DD/YYYY))	PRIORI CLAIM	
1. 60/360,432		US	02/28/2002	X	
2.					
3.					
4.	 				
5.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:				w:	
Application No.		Filing Date	(MM/DD/YYYY)		
2.					
2.					

STATE & ZIP CODE/COUNTRY

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4722USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION U.S. Parent Application or PCT Parent Parent Filing Date (MM/DD/YYYY) PATENTED PENDING ABANI (MM/DD/YYYY) POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided be prosecute this application and to transact all business in the Patent and Trademark Office connected therewith	OONED	
U.S. Parent Application or PCT Parent Number Parent Filing Date (MM/DD/YYYY) PATENTED PENDING ABANG (MM/DD/YYYY) POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided be	OONED	
	low to	
Customer Number 2334 Dand Customer Number 20462		
Address all correspondence and telephone calls to Customer Number 23347 Direct Telephone Calls to:		
David J. Levy Corporate Intellectual Property Robert H. BRINK	Robert H. BRINK	
GlaxoSmithKline 919-483-3323		
Five Moore Drive, PO Box 13398		
Research Triangle Park, NC 27709-3398		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information		
belief are believed to be true; and further that these statements were made with the knowledge that willful false statements a		
like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements r	nay	
jeopardize the validity of the application or any patent issuing thereon.		
FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL		
OF INVENTOR INGOLD Kenneth INVENTOR'S Signature Date: 1 2 2 4 4		
SIGNATURE SIGNATURE		
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF STATE OR FOREIGN COUNTRY		
CITIZENSHIP Durham NC NC US		
POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US	2	
Five Moore Drive, PO Box 13398	,	
FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL		
2 OF INVENTOR LIU Bing		
INVENTOR'S Signature Date:		
SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP		
CITIZENSHIP Durham NC CN		
POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY		
2 ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US	3	
Five Moore Drive, PO Box 13398		
FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR		
INVENTOR'S Signature Date		
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0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP		
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CITY

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POST OFFICE

ADDRESS

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Rec'd PCT/PTO 23 AUG 2004

COMBINED DECLARATE APPLICATION WITH PO		TY OR DESIGN PATENT RNEY	ATTORNEY'S DOCKET PU4722USw First Names Inventor: Kenneth INGOLD Complete if known:	
() Declaration submitted with initial filing	App No.:			
() Declaration submitted after initial filing	g (surcharge required 37CFR I	.16(e))	Filing Date	
	Group Art Unit:			
As below named invo	entor. I hereby declare that	:		
My residence, post office add	ress and citizenship are as s	stated below next to my name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
PROCESS FOR PREPARATION OF CHEMICAL COMPOUNDS the specification of which (check only one item below):				
[]is attached hereto. OR				
		opplication Serial No or PCT		
Application Number PCT/US03/05723 filed and was amended on (MM/DD/YYYY)(if applicable)				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.				
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inventor's certificate or 365(a) of any I States of America, listed below and ha certificate or of any PCT international	CT international application of the control of the	(d) or §365(b) of any foreign applications(s) on which designated at least one country of the checking the box, any foreign application date before that of the application on which	her than the United for patent or inventor's	
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY	
Number (s)		(MM/DD/YYYY))	CLAIMED	
1. 60/360,432	US 02/28/2002		X	
2.				
3. 4.				
5.				
	35, United States Code §11	9(e) of any United States provisional applic	cation(s) listed below:	
Application No.		Filing Date (MM/DD/YYYY)		
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU4722USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	ION		
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named invent prosecute this application and to transact all busi Customer Number 23347 and Customer Number	ness in the Patent and Trademark	ers associated with the Coffice connected therev	Customer Numbers vith	provided below to
Address all correspondence and telephone c	alls to Customer Number 233	347	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398			Robert H. BRINK 919-483-3323	
Research Triangle Park, NC 27709-3398				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<u> </u>	T	L n. New Yest Nam	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	FULL NAME	FAMILY NAME		SECOND GIVEN NAMEDINITIAL
2	OF INVENTOR	INGOLD	Kenneth	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1.55.1200	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LIU_	Bing	<u></u>
レマう	INVENTOR'S	Signature		Date:
	SIGNATURE	Signature		305104
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i	CITIZENSHIP	<u>Durham</u>	NC NC	CN
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR			
	INVENTOR'S	Signature		Date
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	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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